



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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SARP TRANSFER ATTESTATION FORM

I, (print)_____ am requesting that my Substance Addiction Recovery Program (SARP) monitoring be transferred to a non-Massachusetts Alternative to Discipline Program facilitated by a Professional Licensure or Certifying Body (out of state program).

Please place your initials beside each statement to indicate you understand and agree to the following:

_____ I understand that my Massachusetts nursing license will remain in a “Non-Disciplinary Restricted” status during my participation in the out of state program.

_____ I understand that that my transfer will not be finalized until I have provided substantiating evidence of enrollment in the out of state program and receive written notice from SARP.

_____ I agree to continue to fully comply with all the requirements of my CASP until I receive written notice from SARP notifying me of my transfer.

_____ I agree that I will immediately report any instances of non-compliance, termination, successful completion, or any other changes in participation status to SARP.

_____ I agree that I will arrange for documentation demonstrating any instances of non-compliance, termination, successful completion, or any other changes in participation status be sent directly to SARP from the out of state program.

_____ I understand that any changes in my out of state program participation status may have an effect on my SARP participation.

_____ I have completed and submitted, to SARP, Release of Information Form(s) for the out of state program as well as for my toxicology screening results.

Signature of Requestor
Revised January 6, 2023

Date